

**STATUS REPORT C-1 (01/14)****COMPLETE BOTH PAGES OF THIS FORM, AND RETURN WITHIN 10 DAYS  
OR GO TO "EMPLOYER APPLICATIONS" ON THE LEFT AT [WWW.LABOR.VERMONT.GOV](http://WWW.LABOR.VERMONT.GOV).****INCOMPLETE FORMS WILL  
DELAY REGISTRATION.****YOU WILL BE INFORMED OF YOUR VERMONT UI LIABILITY**

1. FEDERAL ID NUMBER

2. EMPLOYER'S LEGAL NAME		5. MAILING ADDRESS		STREET	
3. TRADE OR DBA NAME (LIST ALL)		CITY		STATE ZIP CODE	
4. ATTENTION OR C/O NAME		5A. E-MAIL ADDRESS/WEB ADDRESS			
		5B. TELEPHONE NUMBER		5C. FAX NUMBER	
6. TYPE OF ORGANIZATION (CHECK ONE) <input type="checkbox"/> SOLE-PROPRIETORSHIP OR DOMESTIC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CO-OWNER (Husband/Wife or Civil Union Partners)					
<input type="checkbox"/> 501 (c)(3) CORPORATION, <b>MUST ATTACH IRS EXEMPTION</b> <input type="checkbox"/> ASSOCIATION <input type="checkbox"/> TRUSTEE IN BANKRUPTCY					
<input type="checkbox"/> LIMITED LIABILITY COMPANY (LLC/LLP/L3C) <input type="checkbox"/> CORPORATION, SPECIFY STATE AND DATE OF INCORPORATION					
6A. LIST BELOW THE OWNER(S), PARTNERS, MEMBERS/MANAGERS OR OFFICERS:					
NAME	SOCIAL SECURITY NO.	TITLE	HOME ADDRESS (NO P.O. BOXES)		

**MULTISTATE WORKERS****7. DO YOU HAVE EMPLOYEE(S) WHO WORKED FOR YOU IN ANOTHER STATE BEFORE WORKING IN VERMONT?** ☐ NO ☐ YES**7A. FIRST DATE OF EMPLOYMENT IN VERMONT:** \_\_\_\_\_ **DATE FIRST WAGES PAID IN VERMONT:** \_\_\_\_\_**7B. HAS YOUR ORGANIZATION PAID FEDERAL UNEMPLOYMENT TAX ON WAGES PAID IN ANOTHER STATE IN PRIOR YEARS?** ☐ NO ☐ YES, LIST YEARS**7C. ENTER THE NUMBER OF WORKERS FOR EACH WEEK AND THE TOTAL GROSS WAGES PAID FOR EACH CALENDAR QUARTER EMPLOYMENT OCCURRED.  
IF EMPLOYMENT OCCURRED PRIOR TO THE CALENDAR YEARS LISTED BELOW, PLEASE ATTACH ADDITIONAL SHEETS WITH THE NEEDED INFORMATION.  
DO NOT ESTIMATE FUTURE WAGES. A WORKER IS ANYONE PERFORMING SERVICES FOR YOUR BUSINESS, UNLESS THEY ARE EXEMPT UNDER UNEMPLOYMENT.**

CALENDAR YEAR 2014 - ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID	
4-Jan	11-Jan	18-Jan	25-Jan	1-Feb	8-Feb	15-Feb	22-Feb	1-Mar	8-Mar	15-Mar	22-Mar	29-Mar		
5-Apr	12-Apr	19-Apr	26-Apr	3-May	10-May	17-May	24-May	31-May	7-Jun	14-Jun	21-Jun	28-Jun		
5-Jul	12-Jul	19-Jul	26-Jul	2-Aug	9-Aug	16-Aug	23-Aug	30-Aug	6-Sep	13-Sep	20-Sep	27-Sep		
4-Oct	11-Oct	18-Oct	25-Oct	1-Nov	8-Nov	15-Nov	22-Nov	29-Nov	6-Dec	13-Dec	20-Dec	27-Dec		

CALENDAR YEAR 2013 - ENTER NUMBER OF WORKERS IN EACH WEEK													ENTER QUARTERLY GROSS WAGES PAID	
5-Jan	12-Jan	19-Jan	26-Jan	2-Feb	9-Feb	16-Feb	23-Feb	2-Mar	9-Mar	16-Mar	23-Mar	30-Mar		
6-Apr	13-Apr	20-Apr	27-Apr	4-May	11-May	18-May	25-May	1-Jun	8-Jun	15-Jun	22-Jun	29-Jun		
6-Jul	13-Jul	20-Jul	27-Jul	3-Aug	10-Aug	17-Aug	24-Aug	31-Aug	7-Sep	14-Sep	21-Sep	28-Sep		
5-Oct	12-Oct	19-Oct	26-Oct	2-Nov	9-Nov	16-Nov	23-Nov	30-Nov	7-Dec	14-Dec	21-Dec	28-Dec		

**DEPARTMENT USE ONLY**

STATUS NAICS	COUNTY	TOWN	LMI NAICS	LIABLE <input type="checkbox"/> NO <input type="checkbox"/> YES	REPORTS DUE <input type="checkbox"/> NONE	EXAMINED BY	DATE
				LIABLE ESTAB	IN UC <input type="checkbox"/>	TICKLE DATE	
LIAB CODE	TYPE <input type="checkbox"/> NEW <input type="checkbox"/> RTA, SAME NO. <input type="checkbox"/> RTA, NEW NO.	<input type="checkbox"/> ACS <input type="checkbox"/> PARTIAL <input type="checkbox"/> FULL, TRANSFER EXPERIENCE		PREDECESSOR OR OLD NO. _____		RATES	

**CONTINUED ON PAGE 2**

8. VERMONT PHYSICAL LOCATION WHERE SERVICES ARE PERFORMED - STREET (NOT RFD OR P.O. BOX #)		TELEPHONE NUMBER
CITY	STATE	ZIP CODE
		FAX NUMBER

9. DO YOU HAVE WORKERS PERFORMING SERVICES FOR YOUR BUSINESS WHOM YOU CONSIDER TO BE SELF-EMPLOYED OR INDEPENDENT CONTRACTORS?  
☐ YES    ☐ NO    IF YES, PLEASE ATTACH A LIST PROVIDING NAME, ADDRESS, TELEPHONE AND TYPE OF SERVICE PROVIDED/PERFORMED.

10. DID YOU ACQUIRE THE ORGANIZATION, TRADE, BUSINESS OR ANY ASSETS OF ANY OTHER VERMONT EMPLOYER?  
☐ YES - Complete items 11A-11F and 12    ☐ NO, GO TO ITEM 12  
  
 DID YOU INCORPORATE YOUR VERMONT PROPRIETORSHIP OR PARTNERSHIP?    ☐ YES - Account No.: \_\_\_\_\_  
  
 If YES, Complete items 11A-11F    ☐ NO - Go to item 12

11A. DID YOU ACQUIRE    ☐ ALL?    ☐ PART?    11B. DATE ACQUIRED \_\_\_\_\_  
 11C. UNEMPLOYMENT ACCOUNT NUMBER OF BUSINESS ACQUIRED \_\_\_\_\_  
 11D. NAME OF BUSINESS ACQUIRED \_\_\_\_\_  
 11E. NUMBER OF EMPLOYEES RETAINED FROM FORMER OWNER    ☐ NONE    ☐ SOME    ☐ ALL    ☐ HOW MANY? \_\_\_\_\_  
 11F. HOW WAS BUSINESS ACQUIRED? (check one)    ☐ PURCHASE    ☐ MERGER    ☐ FRANCHISE    ☐ ENTITY CHANGE  
  
☐ LEASE (SPECIFY NATURE OF THE LEASE) \_\_\_\_\_

12. HAVE YOU EVER HAD A VERMONT UNEMPLOYMENT ACCOUNT NUMBER FOR THIS BUSINESS OR ANY OTHER LEGAL BUSINESS ENTITY?  
☐ YES    ☐ NO    IF YES, GIVE FULL BUSINESS NAME \_\_\_\_\_

**NATURE OF BUSINESS ACTIVITY**

<b>13A. PROVIDE A DETAILED DESCRIPTION OF THE NATURE OF ACTIVITY IN VERMONT.</b>	<b>13B. LIST PRINCIPLE PRODUCT(S) OR SERVICE(S), IN ORDER OF IMPORTANCE.</b>
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**13C. PLEASE SELECT THE APPROPRIATE CATEGORY BELOW WHICH CLOSELY DESCRIBES YOUR BUSINESS IN VERMONT. IF YOU HAVE MULTIPLE BUSINESS TYPES, PLEASE SPECIFY THE PERCENTAGES IN 13A. ABOVE. PLEASE BE SURE TO PROVIDE DETAILS IN 13A AND 13B.**

<input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting	<input type="checkbox"/> Transportation & Warehousing	<input type="checkbox"/> Educational Services
<input type="checkbox"/> Mining	<input type="checkbox"/> Information	<input type="checkbox"/> Health Care & Social Assistance
<input type="checkbox"/> Utilities	<input type="checkbox"/> Finance & Insurance	<input type="checkbox"/> Arts, Entertainment & Recreation
<input type="checkbox"/> Construction	<input type="checkbox"/> Real Estate & Rental & Leasing	<input type="checkbox"/> Accommodation & Food Services
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Professional, Scientific & Technical Services	<input type="checkbox"/> Other Services (Except Administrative)
<input type="checkbox"/> Wholesale Trade	<input type="checkbox"/> Management of Companies & Enterprises	<input type="checkbox"/> Public Administration
<input type="checkbox"/> Retail Trade	<input type="checkbox"/> Administrative & Waste Services	

IF YOU ARE UNSURE OF THE CATEGORY IN WHICH YOUR BUSINESS FALLS, CONTACT LABOR MARKET INFORMATION AT (802) 828-3868 OR ACCESS THE WEB AT [HTTP://WWW.NAICS.COM/SEARCH.HTM](http://www.naics.com/search.htm) FOR MORE INFORMATION.

14. ENTER THE NUMBER OF ESTABLISHMENTS THE ABOVE BUSINESS OPERATES IN VERMONT  
 INCLUDE: Home(s) of personnel, when the company does not have an office or worksite in Vermont.  
 EXCLUDE: Locations that are temporary (exist less than 1 year) or are not staffed on a regular basis.
 

If more than ONE location, attach a list specifying each location with the STREET ADDRESS, CITY AND THE NUMBER OF WORKERS AT EACH LOCATION.

15. The following information is necessary as future notices will be available electronically. If the general contact is also responsible for UI Tax and Benefit information, enter "Same" in those areas.
 

UI General Contact*	UI Tax Contact	UI Benefit Contact
INTERNAL contact if other contacts fail:	Person/Service that completes UI Tax Returns	Person/Service that completes separations/wage requests
E-MAIL*: _____	E-MAIL*: _____	E-MAIL*: _____

\* REQUIRED

16. SIGNATURE OF OWNER, PARTNER, OFFICER OF CORP., OR HEAD OF HOUSEHOLD	TITLE	DATE
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